

**WEEKLY CLOSING HSE CHECKLIST**

**UNIT:** **UNIT NO:** **WEEK COMMENCING:**

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| **Checks** | | **Monday** | | | | **Tuesday** | | | | **Wednesday** | | | **Thursday** | | | **Friday** | | **Saturday** | | **Sunday** | |
| **Yes** | | **No** | | **Yes** | | **No** | | **Yes** | | **No** | **Yes** | | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| 1. Has all food been stored away correctly? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure no food is left out in the kitchen and that all food is stored in its designated locations overnight.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Is all food within ‘Use By’ date codes? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check if the cleaning from the previous day / shift been undertaken adequately. Has the kitchen been left in a tidy manner with all rubbish removed.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the kitchen clean and tidy, and all work surfaces sanitised? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure all cleaning tasks have been undertaken adequately.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Has all waste been removed from the kitchen? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *The kitchen has been left in a tidy manner with all rubbish removed.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Have all cleaning chemicals been stored away correctly? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *All cleaning chemicals are stored away in their designated storage area and not in the kitchen.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Has all catering equipment been left in good working order? Have all defects to fixtures and fittings been reported? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check that any defective equipment or fixtures and fittings have been logged accordingly and reported to the appropriate maintenance provider (Client or Compass). Please list the specific item number and work order number in the handover actions below.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Are all food temperature records completed correctly? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check the temperature logs to ensure staff have completed all necessary temperature checks and that they are within the parameters required. If not, ensure that the right corrective actions have been taken and recorded.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Have any food comments been logged? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check customer comments for any food complaints or allegations of illness. Ensure these are properly recorded on AIR.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Have all services been turned off and the premises made secure? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *If any services are required to be turned off after closing, check if they have been turned off appropriately. Ensure any external doors and windows have been locked.* | | | | | | | | | | | | | | | | | | | | | |
| **Handover Actions:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **CHECKED BY** | | | | | | | | | | | | | | **DATE:** | | | | | | | |

Tick the relevant box for each day to confirm that the appropriate action / check has been carried out. Manager to check the record and sign before filing. Retain for 6 months